

# EXCEPTIONAL CHILDREN DIVISION

## C E R T I F I C A T E   O F   C O M P L E T I O N

\_\_\_\_\_  
ACTIVITY TITLE

\_\_\_\_\_  
DATE(S)

\_\_\_\_\_  
COORDINATING SECTION

\_\_\_\_\_  
UNIT(S) OF CREDIT

\_\_\_\_\_  
ACTIVITY COORDINATOR

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
PARTICIPANT

**This educator has satisfactorily completed all requirements for this activity.**

*June St. Clair Atkinson*

\_\_\_\_\_  
State Superintendent, Department of Public Instruction

*W.W. Coke Jr.*

\_\_\_\_\_  
Chairman, State Board of Education

*[Signature]*

\_\_\_\_\_  
Director, Exceptional Children



**PUBLIC SCHOOLS OF NORTH CAROLINA**

State Board of Education | Department of Public Instruction :: Exceptional Children Division